

## **Process for the Development of BNSSG Wide Patient Group Directions (PGDs)**

A process for the development and approval of BNSSG wide Patient Group Directions (PGDs) is outlined in appendix 1.

BNSSG PGD templates should be drafted using the [SPS exemplar PGD templates](#) which is used by UK Health Security Agency (UKHSA) and Specialist Pharmacy Services (SPS) when drafting PGDs for national use.

The purpose of this document is to outline the responsibilities of individual provider organisations, BNSSG ICS medicines groups and the BNSSG PGD group in this process.

### **BNSSG PGD group**

This group is made up of pharmacists and attended as required by non-medical prescribing leads, medical leads from BNSSG ICB, the Acute and Mental Health Provider Trusts, Local Authority, Local Pharmaceutical Committee, primary care and the Community Provider. The group is responsible for:-

- Developing, reviewing and operating a process to enable the development of BNSSG wide PGDs
- Ensuring all requests for new BNSSG PGDs have been assessed locally to carefully consider if there is, or could be, an opportunity in the care pathway to use a prescription or a written Patient Specific Direction by a doctor or non-medical prescriber and that use of PGD follows the [SPS When PGDs can be used](#)
- Recommending provider organisations adopt national (UKHSA or SPS) PGDs or BNSSG PGDs for use where available.
- Co-ordinating the formation of the PGD development group for each new PGD ensuring appropriate representation from across the professional groups (e.g. medical, nursing and other professions who will be working under the PGD) from all areas within Healthier Together where the PGD is likely to be used.
- Co-ordinating the provision of pharmacist input to the PGD development group
- Reviewing PGDs produced by the development group to ensure that they are in line with national and local guidance where applicable.
- Maintaining a database/register of BNSSG wide PGDs that have been developed including review and expiry dates and version control.
- Organising the review, by the original development group, of PGDs in a timely manner before they expire.
- Reviewing and updating BNSSG wide PGDs when changes are made to national guidance that affects the PGD.

### **BNSSG PGD development groups**

- For each BNSSG PGD the BNSSG PGD group will establish a PGD development group. This group will develop, write and provide clinical authorisation for the PGD. The group will consist of a doctor or dentist, pharmacist and representative health care professional from the group of staff that will be using the PGD as a minimum standard.

The group is responsible for:

- Identifying a lead author who is responsible for leading and coordinating the development or review/updating of the PGD. They will be supported by the doctor (or dentist), pharmacist and other representative healthcare professional.
- Ensuring each BNSSG PGD undergoes a consultation process involving relevant stakeholders within each organisation across BNSSG as appropriate.
- Where appropriate seeking input from UKHSA and NHS England.
- Considering the recommendations of the NICE competency framework for developing, writing, reviewing or updating PGDs.

Whilst the BNSSG PGD templates have been developed by local clinical experts and where available follow national guidance, they require clinical signatures from a doctor (or dentist) and pharmacist. In addition, they must be authorised by a body which is legally able to authorise the PGDs before they are used. This responsibility lies with the organisation implementing the PGDs.

### **BNSSG Area Prescribing and Medicines Optimisation Committee (APMOC)**

The BNSSG Area Prescribing and Medicines Optimisation Committee (APMOC) is responsible for ensuring that processes and governance arrangements have been followed and that all legal requirements have been met for the development of the BNSSG PGD by the BNSSG PGD group which operates as a subgroup of the Medicines Optimisation and Pharmacy System Leadership group.

### **Provider organisations – Acute and Mental Health Trusts**

Acute and Mental Health Trusts are responsible for:-

- Reviewing existing PGDs in use within their organisation and requests for new PGDs to ensure that PGD use is restricted to areas which do not have a facility for individual patient prescribing.
- Reviewing existing PGDs in use within their organisation and requests for new PGDs ensuring that use of PGDs follows the [SPS when to use a PGD](#) guidance. Replacing PGDs with protocols, guidelines where applicable.
- Approving requests for new PGDs from services within their organisation
- Providing appropriate healthcare professionals as requested to develop and draft new PGDs and review existing ones.
- Adopting and authorising UKHSA, SPS and BNSSG wide PGDs for use within their organisation.
- Providing clinical authorisation by a doctor (or dentist) and a pharmacist
- It is also good practice that the PGD is also signed by a representative of the professional group who will be operating under the PGD
- When acting as a doctor, dentist or pharmacist signatory these professionals must establish that the clinical and pharmaceutical content is accurate and supported by the best available evidence- any training and competency should be considered.
- Keeping master copies of PGDs authorised for use in their organisation for the legally required time.
- Have a communications plan in place to support the dissemination of PGDs and their implementation in clinical area(s). This also includes all updates published during a

PGD's valid period - organisations must check that they are using the current version of the PGD template.

- Training staff to work under and assessing their competency to work under the PGDs adopted by their organisation.
- Identify a senior, responsible person(s) from within the service to authorise named, registered health professionals to practise under the authorised PGD.
- Authorising individuals they have assessed as competent to work under these PGDs.
- Keeping the legally required records of staff authorised to work under each PGD in use in each service/department and retaining these records for the legally required time period.
- Ensuring medicines protocols and policies are in place to include arrangements for the security, storage and labelling of all medicines administered or supplied under the authorised PGD. There must be a secure system for recording and monitoring how medicines are used.
- Ensuring that medicines administered or supplied to a patient under a PGD are appropriately recorded in the patient's clinical records and that records are retained for the legally required time period.
- Auditing use of PGDs within their organisation is best practice and is recommended. Audit results should be used as a part of the review of whether a PGD nearing its expiry is still appropriate for use within the organisation.
- Record any incidents resulting from the use of the PGDs in their organisation and actions taken.

### **Primary care services provider (e.g. Sirona Care and Health, Brisdoc, Primary Care Networks)**

Primary Care service providers are unable to authorise PGDs for use in their NHS or Public Health services. They can modify where allowable UKHSA, SPS and BNSSG wide PGDs for local use including who can operate under the PGD within their organisation and local training requirements. PGDs are authorised for use in the community services by BNSSG ICB.

Apart from the above community services providers have the same responsibilities as outlined above for Acute and Mental Health Trusts.

### **BNSSG ICB**

BNSSG ICB is responsible for:-

- Authorising PGDs within the community services provider, local authorities or community pharmacies within the ICS footprint.
- Keeping master copies of all PGDs they authorise for use in other organisations for the legally required time.
- Making the BNSSG wide PGD available on a platform accessible by all services within the Healthier Together footprint and ensuring the most up to date PGDs are available on the platform
- Providing administration support for the BNSSG PGD group and the BNSSG PGD database/register.

## Local Authority commissioned services

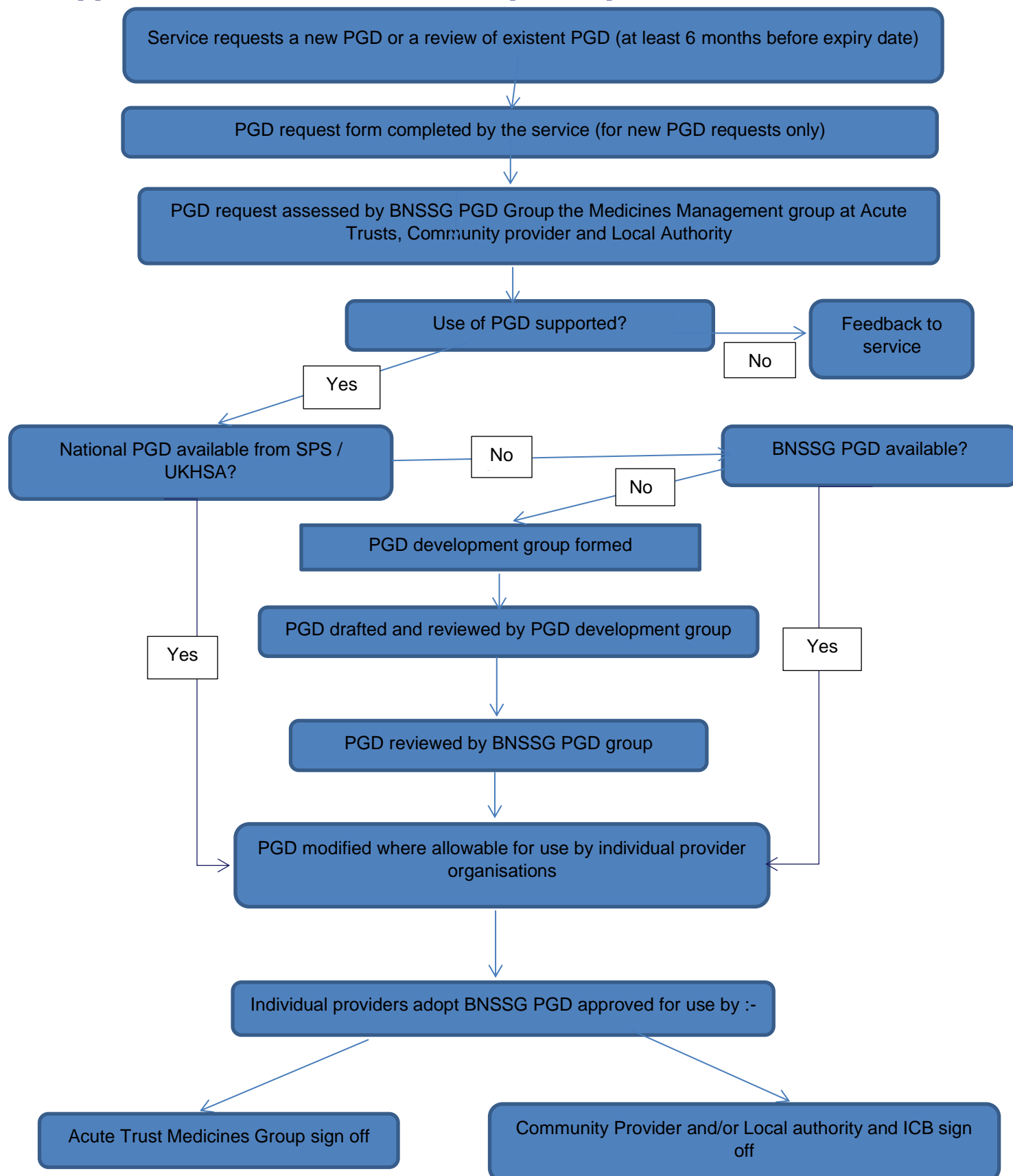
Local authorities are responsible for authorising UKHSA, SPS or BNSSG wide PGDs for use within services that they commission.

In addition, they have the same responsibilities as outlined above for Acute and Mental Health Trust.

## References

1. NICE Medicines Practice Guideline Patient Group Directions (2017)  
<https://www.nice.org.uk/Guidance/MPG2>
2. SPS Patient Group Directions guidance [Patient Group Directions – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#)
3. Process for authorisation and implementation of SPS nation Patient Group Directions Templates. The first stop for professional medicines advice (2020)  
[Implementing the National Patient Group Direction \(PGD\) Templates – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#)
4. SPS PGD Exemplar templates [SPS National Patient Group Direction \(PGD\) exemplar templates – SPS – Specialist Pharmacy Service – The first stop for professional medicines advice](#)

## Appendix 1 - BNSSG PGD development process



## Appendix 2 – BNSSG PGD Request Form

This form must be completed before the development of any patient group direction to ensure all aspects of the PGD are considered prior to full development. Once completed, it should be submitted to organisation PGD group for consideration; this group will then agree or decline the development of the patient group direction.

Title of patient group direction	
Medicines to be supplied or administered under this PGD (including dosage, quantity, formulation, strength, route and duration of treatment)	
What is the clinical situation that this PGD would be used in? to be treated	
Which patients will be included in treatment? (Specify age)	
In what setting would the PGD be used?	
Legal status of medicines (POM, P, GSL)	
BNSSG formulary status of medicines <a href="http://www.bnssgformulary.nhs.uk">www.bnssgformulary.nhs.uk</a>	Green / Blue / Amber / Red / Non-formulary
Staff groups to be operating under this PGD (e.g. nurses, physiotherapists etc)	
How is the medicine currently supplied?	
Why is a PGD needed for supply or administration of this medicine(s)?  What other methods of supply have been considered?  Why is a PGD the most suitable method of supply?	
What are the benefits of supplying this medicine using a PGD?	

What are the implications or consequences of not developing this PGD?	
What evidence is there to support the use of this medicine? E.g. NICE guidelines etc.	
Is this a service that is currently commissioned?	
Who commissions the service? E.g. ICB, Local Authority, NHS England	
What are the financial implications of implementing this PGD? (including drug costs, training etc?)	
What is the potential impact on equality? (Include both negative and positive impact)	
What training will be needed to supply/administer medicines using this PGD? How will these training needs be met?	
How will ongoing training and competence be undertaken and assessed?	
Who will be responsible for writing and updating the PGD?	
Form completed by  Base  Contact details	
Service Lead / Manager signature    Date	